

RESUME FORM

Only Candidates for **Commercial Certification** need to complete and submit this form with the exam application.

(PLEASE PRINT CLEARLY OR TYPE)

NAME: _____
 LAST FIRST MI
STREET ADDRESS: _____
 STREET APT #
 CITY STATE ZIP
COMPANY/EMPLOYER: _____
 (If Any)
 Signature _____ Date _____
All of the information on this form is true and complete to the best of my knowledge

Blacken in the circle of **one** category you intend to become certified in:

<u>Category</u>	<u>MA State Code</u>	<u>Category</u>	<u>MA State Code</u>
<input type="checkbox"/> Aerial	34	<input type="checkbox"/> Regulatory	48
<input type="checkbox"/> Agriculture	33	<input type="checkbox"/> Right of Way	40
<input type="checkbox"/> Aquatic	39	<input type="checkbox"/> Seed Treatment	38
<input type="checkbox"/> Demonstration and Research	49	<input type="checkbox"/> Shade Tree and Ornamental	36
<input type="checkbox"/> Food Processing	50	<input type="checkbox"/> Site Sanitation	45
<input type="checkbox"/> Forest	35	<input type="checkbox"/> TBT	54
<input type="checkbox"/> Fumigation	42	<input type="checkbox"/> Termite/Structural Pest Control	43
<input type="checkbox"/> General Pest Control	41	<input type="checkbox"/> Turf	37
<input type="checkbox"/> General Public Health	46	<input type="checkbox"/> Vertebrate Pest Control	44
<input type="checkbox"/> Interior Landscaping	53	<input type="checkbox"/> Wood Preservative	52
<input type="checkbox"/> Mosquito and Biting Fly Control	47		

License History

(Attach additional sheets if necessary)

List or write in the years and categories you have held a certification or license in Massachusetts or another state.

Years Certified/Licensed	State(s)	Categories of Certification

Education History

Name of College(s) or
 Technical school(s) attended _____

☐ one year ☐ four year ☐ certificate program ☐ other _____

Year graduated _____ Degree _____ Major _____

Please Enclose verification (i.e. copy of diploma, transcripts, etc.)

♦ Additional educational credit may be given for seminars, short courses, correspondence courses, conferences or training meetings that are pertinent to the category(ies) for which you are applying providing attendance is verified. Enclose copies of course descriptions and Certificates of Attendance.

Pesticide Related Work History Experience

(Attach additional sheets if necessary)

Company/Employer _____ Dates Employed _____

Address _____

Supervisor's Name and
 Address _____

(if different from above)

Licensed in Category(ies) _____